Division of Quality Assurance OQA- 2500 (Rev. 04/08)

FIRE REPORT

- All incidents of fire in an adult family home (AFH), a community based residential facility (CBRF), a facility serving people with developmental disabilities (FDD), a hospital, a nursing home, or a residential care apartment complex (RCAC) must be reported to the department within 72 hours per HFS 132.82(6)(e), HFS 134.82(4)(e), HFS 83.19(3)(a), HFS 124.36(11), HFS 88.05(4)(e), Wis. Admin. Code, and Chapter 50.035(4), Wis. Stats.
- Information about the fire may be reported by completing and submitting this form; however, it is not mandatory that you use this form.
- Include sketches, photographs, reports or statements, if available.
- Questions about completion of this form may be directed to the Fire Authority at 608-261-5993.
- Mail the form and attachments to:

FIRE AUTHORITY
Division of Quality Assurance
Bureau of Technology, Licensing and Education
P.O. Box 2969
Madison, WI 53701-2969

or FAX to 608-267-7119

Name of Facility City	Name of Facility						
City		Name of Facility			License / Provider Number		
City							
Type of Provider AFH CBRF FDD Hospital Nursing Home RCAC Type of Fire (Provide narrative description. Use the back of this form to provide additional information.) Location of Fire in the Facility Was anyone injured? Yes No Residents were, or are, relocated to other facilities or locations. Residents were evacuated from Building Yes No The fire alarm system was activated. Yes No Method of Activation Method of Activation Method of Sprinkler Heads Activated A follow-up call was made to the fire department. Yes No Method of Fire Extinguishment The fire department responded. Yes No Method of Fire Extinguishment Staff Fire Dept. Others No Method of Fire Extinguishment Telephone Number Telephone Number	Address			Date of Fire			
Type of Provider AFH CBRF FDD Hospital Nursing Home RCAC Type of Fire (Provide narrative description. Use the back of this form to provide additional information.) Location of Fire in the Facility Was anyone injured? Yes No Residents were, or are, relocated to other facilities or locations. Residents were evacuated from Building Yes No The fire alarm system was activated. Yes No Method of Activation Method of Activation Method of Sprinkler Heads Activated A follow-up call was made to the fire department. Yes No Method of Fire Extinguishment The fire department responded. Yes No Method of Fire Extinguishment Staff Fire Dept. Others No Method of Fire Extinguishment Telephone Number Telephone Number							
Type of Provider AFH	City				Time of Fire	Прм	
AFH CBRF FDD Hospital Nursing Home RCAC Type of Fire (Provide narrative description. Use the back of this form to provide additional information.) Location of Fire in the Facility Was anyone injured? Total Number Injured Number of Residents Number of Staff Number of Others							
Type of Fire (Provide narrative description. Use the back of this form to provide additional information.) Location of Fire in the Facility	Type of Provider						
Location of Fire in the Facility Was anyone injured?	☐ AFH ☐ CBRF ☐ FDD ☐ Hospital ☐ Nursing Home					☐ RCAC	
Was anyone injured?	Type of Fire (Provide narrative description. Use the back of this form to provide additional information.)						
Was anyone injured?							
Was anyone injured?							
Was anyone injured?							
Was anyone injured?							
Was anyone injured?							
Yes	Location of Fire in the Facility						
Yes							
Yes							
Yes	Was anyone injured?	Total Number Injured	Number of Residents	Nı	umber of Staff	Number of Others	
Residents were evacuated from	<u> </u>						
Room Floor Wing Building Yes No The fire alarm system was activated. Method of Activation Heat Detector Smoke Detector Sprinkler System Number of Sprinkler Heads Activated A follow-up call was made to the fire department. The fire department responded. Yes No The fire was extinguished by Method of Fire Extinguishment Staff Fire Dept. Others Others Staff Staff			Residents were, or are,	relocat	ed to other facilities	or locations.	
Yes	☐ Room ☐ Floor ☐ W	ing 🔲 Building					
Number of Sprinkler Heads Activated A follow-up call was made to the fire department. Yes No The fire was extinguished by Staff Fire Dept. Others Staff Fire Dept. Others Staff Fire alarm system restored to normal working condition? Yes No Is the sprinkler system restored to normal operation condition? Yes No Staff Fire Dept. Others The fire department responded. Yes No Estimated Cost of Repairs No Name and Title of Person Completing This Report Telephone Number	The fire alarm system was activated.	Method of Activation					
The fire was extinguished by Staff	☐ Yes ☐ No	☐ Manual Pull Statio	n Heat Detector		Smoke Detector	☐ Sprinkler System	
The fire was extinguished by Staff Fire Dept. Others Method of Fire Extinguishment Is the fire alarm system restored to normal working condition? Yes No Estimated Cost of Repairs Is the sprinkler system restored to normal operation condition? Yes No \$ Name and Title of Person Completing This Report Telephone Number	Number of Carialder Heads Activated	A follow-up call was made to the fire department.			The fire department responded.		
Staff Fire Dept. Others Is the fire alarm system restored to normal working condition? Yes No Is the sprinkler system restored to normal operation condition? Yes No Name and Title of Person Completing This Report Telephone Number	Number of Sprinkler Heads Activated				_ `	<u> </u>	
Is the fire alarm system restored to normal working condition? Yes No Estimated Cost of Repairs Is the sprinkler system restored to normal operation condition? Yes No \$ Name and Title of Person Completing This Report Telephone Number	·				_ `	<u> </u>	
Is the sprinkler system restored to normal operation condition? Yes No \$ Name and Title of Person Completing This Report Telephone Number	The fire was extinguished by	Method of Fire Extin			_ `	<u> </u>	
Name and Title of Person Completing This Report Telephone Number	The fire was extinguished by	Method of Fire Extin			_ `	<u> </u>	
	The fire was extinguished by Staff Fire Dept. Other	Method of Fire Extin	guishment	Estin	☐ Yes	□ No	
	The fire was extinguished by Staff Fire Dept. Other Is the fire alarm system restored to normal	Method of Fire Extiners If working condition?	guishment Yes No	1	☐ Yes	□ No	
	The fire was extinguished by Staff Fire Dept. Other Is the fire alarm system restored to normal	Method of Fire Extiners If working condition?	guishment Yes No	1	☐ Yes	□ No	
	The fire was extinguished by Staff Fire Dept. Other Is the fire alarm system restored to normal Is the sprinkler system restored to normal	Method of Fire Extinulars Method of Fire Extinulars It working condition? operation condition?	guishment Yes No	1	☐ Yes	No No Pairs	
SIGNATURE - Person Completing This Report Date Report Completed	The fire was extinguished by Staff Fire Dept. Other Is the fire alarm system restored to normal Is the sprinkler system restored to normal	Method of Fire Extinulars Method of Fire Extinulars It working condition? operation condition?	guishment Yes No	1	☐ Yes	No No Pairs	
	The fire was extinguished by Staff Fire Dept. Other Is the fire alarm system restored to normal Is the sprinkler system restored to normal	Method of Fire Extinulars Method of Fire Extinulars It working condition? Operation condition?	guishment Yes No	1	nated Cost of Rep	□ No pairs	